

SCC eFile  
(6/10)

**2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

211508822

1.) CORPORATION NAME:

DUE DATE: **6/30/2011**

**The Foundation for AIDS Research**

SCC ID NO: **F1144221**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 WALL STREET 13TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10005-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN LOGAN  
TITLE: AST S /VP  
ADDRESS: 120 WALL ST 13TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

☒

OFFICER

☒

DIRECTOR

NAME: MATHILDE KRIM, PH.D  
TITLE: FOUNDING CHRMN  
ADDRESS: C/O AMFAR - 13TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

☒

OFFICER

☒

DIRECTOR

NAME: ARLEN H ANDELSON ESQ  
TITLE: DIRECTOR  
ADDRESS: 8485 MELROSE PLACE STE B  
CITY/ST/ZIP/CO: LOS ANGELES, CA 90069-

☐

OFFICER

☒

DIRECTOR

NAME: DIANA L TAYLOR  
TITLE: DIRECTOR  
ADDRESS: 1350 AVE OF THE AMERICAS #900  
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

☐

OFFICER

☒

DIRECTOR

NAME: HARRY BELAFONTE  
TITLE: DIRECTOR  
ADDRESS: 275 7TH AVENUE, SUITE 1501  
CITY/ST/ZIP/CO: NEW YORK, NY 10001-

☐

OFFICER

☒

DIRECTOR

NAME:	DAVID BOHNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	245 SOUTH BEVERLY DRIVE		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90212-		
NAME:	ZEV BRAUN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	280 SOUTH BEVERLY DRIVE, SUITE 500		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90212-		
NAME:	JONATHAN CANNO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	DONALD CAPPOCIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	325 GOLD STREET, 7TH FLOOR		
CITY/ST/ZIP/CO:	BROOKLYN, NY 11201-		
NAME:	R. MARTIN CHAVEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 NEW YORK PLAZA		
CITY/ST/ZIP/CO:	NEW YORK, NY 11201-		
NAME:	JANE B. EISNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 11201-		
NAME:	RYAN GREENAWALT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	520 MADISON AVENUE, 8TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	REGAN HOFMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	462 7TH AVENUE, 19TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10018-		
NAME:	MICHAEL J. KLINGENSMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	425 PORTLAND AVENUE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55488-		
NAME:	MICHELE V. MCNEILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		

NAME:	RICHARD H. METZNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	EDWARD L. MILSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	335 MADISON AVENUE, 15TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017-		
NAME:	CINDY D. RACHOFSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	VINCENT A. ROBERTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	156 WEST 56TH STREET, SUITE 901		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	BILL ROEDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	ALAN D. SCHWARTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	135 EAST 57TH STREET, 9TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	KEVIN WENDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	BRADLEY JENSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst. Treasurer		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	KENNETH COLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Chair		
ADDRESS:	603 WEST 50TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	JOHN C. SIMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Vice Chairman		
ADDRESS:	119 FIFTH AVENUE, 7TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10003-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA J MATSON Vice Chair 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALLACE SHEFT TREASURER 435 MAPLE AVENUE WESTBURY, NY 11590-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MERVYN F. SILVERMAN SECRETARY 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ BRADLEY JENSEN		BRADLEY JENSEN, Asst. Treasurer		4/28/2011	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					